

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool Name: Probation Case Plan	Effective Date: July 1, 2006
	Reference: Chapter 11	Version: 1



State Form 2956(R/ 10-02)

(IL ☐)**A. Case Identification**

Name of Child	DOB	County Name		

C. Time Limit and Recommendations

The Case Plan will be in effect during the dates shown at left. It should be revised when significant changes occur	
Effective dates: 00/00/0000 To 00/00/0000	
If terms of the Plan have not been met by the above date, the county may recommend:	
If terms of the Plan have been met by the above date, the county may recommend:	
If at any time a parent(s)/guardian(s) believes they cannot provide for the safety and well being of their child, the parent(s)/guardian(s) should notify the case manager of their desire to change the permanency plan. Alternative permanency plans include: Relative Placement, Adoption Placement, Guardianship, Planned Permanent Living Arrangement, and Independent Living. An appointment will be set up to develop a new case plan which can be filed with the Court and a Permanency Hearing requested by OFC or by parent (parent's attorney).	

E. Permanency Plan

Permanent Plan:	Other Text:	Estimated Date:
IL Need Type:		IL Sub Type:
Service Coordination, Client advocacy, Life Skills/social skills, Educational services, Vocation & Employment services, Health services, Housing services, Youth development, Social services—These are drop down selections		Create List from Case under appropriate Need: Daily Living Skills, Housing/Transportation & Community Resources, Money Management, Self Care, Social Development, Work & Study Skills
Details:		

H. Objectives and Activities for Parents/Guardians/Caregivers/Children

Objective #						
Begin Date:					End Date:	
Barriers to Achieving Objective:						
Begin Date:		End Date:		Provider:		
Activities:						
K. Education						
Name of School:		Address:		Grade:	Performance Level:	Learning Needs:
Legal Settlement School Corporation:		Address:			Phone:	
Are Permanent School Records Attached?				If No, Plan for Compliance:		
Surrogate Parent:		Address:			Phone:	
Most Recent Individualized Education Plan date (if applicable):						
Special Needs Designation (if applicable):						
Most recent Individual Transitional Education Plan Date:						
M. Comments						

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N. Acknowledgement/Agreement of all Parties				
Case Planning Conference Date:				
<ul style="list-style-type: none"> • * If present at conference • X If not present and no report submitted • + If not present, but written report submitted 				
Legal Parent	Notification Date:	Distribution Date:	Signature Date:	Signature Legal Parent
I am aware of the reason for wardship and/or placement of the above-named children. I have reviewed the Case Plan and <input type="checkbox"/> agree/ <input type="checkbox"/> do not agree with the terms.				
Legal Parent	Notification Date:	Distribution Date:	Signature Date:	Signature Legal Parent
I am aware of the reason for wardship and/or placement of the above-named children. I have reviewed the Case Plan and <input type="checkbox"/> agree/ <input type="checkbox"/> do not agree with the terms.				
Foster Parent/Caregiver		Notification Date:	Signature Foster Parent/Caregiver	
		<input type="checkbox"/> Cert Mail <input type="checkbox"/> In Person		
		Signature Date:		
I am aware of the reason for wardship and/or placement of the above-named children. I have reviewed the Case Plan and <input type="checkbox"/> agree/ <input type="checkbox"/> do not agree with the terms.				
Child	Notification Date:	Signature Date:		Signature Child
Other	Notification Date:	Distribution Date:	Signature Date:	Signature Other
Family Services Caseworker		Date:		Signature Family Services Caseworker
Family Services Supervisor		Date:		Signature Family Services Supervisor

DISTRIBUTION: Make copies for legal parent, county case record, foster parent, and/or service provider, if applicable.